

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Michael Patrick Contorno		COURT CASE NUMBER 08C2737 08cv2737
DEFENDANT Chicago Police Department, et al.		TYPE OF PROCESS S/C
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN City of Chicago	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 W. Washington, Chicago, IL 60602	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Michael Patrick Contorno
703 W. Liberty Drive
Wheaton, IL 60187

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

4

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

FILED
Jul 14, 2008
JUL 14 2008 YM

Fold

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

05-19-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Td	Date
	3 of 4	24 No.	24 No.			
						05-19-08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Vincent Caffo Legal

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

am

6/25/08 2:53 pm

Signature of U.S. Marshal or Deputy

S. J. [Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
One Service Fee charged same case location see process sheet #1 for charges						

REMARKS:

5-27-08 - Would not accept at above Address
needs to go to 3500 S. Michigan.

3510 S. Michigan**1 USM 1 Hour 11 Miles Rt**PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)